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DATE: May 10, 2006

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TO: Amendment
Commissioner for Patents

ATTN: Examiner: Steven Nguyen
Art Unit: 2665

FAX NUMBER: (571) 273-8300

FROM: S. Hossain Beladi, Attorney for Applicant
Registration No. 42,311

Total Number of Pages Sent: 13 (including this transmittal cover sheet)

FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: 990156C1

ENCLOSED ARE:

- Response (6 pages)
- Transmittal (in duplicate)
- Copy of document 99-0156 (4 pages)

APPLICANT: Stein Lundby et al.

ASSIGNEE: QUALCOMM Incorporated

SERIAL NO.: 10/002,446

FILED: October 22, 2001

FOR: Interleaver and deinterleaver for use in a diversity transmission communication system

Please contact Sheryl Schoen at (858) 658-5102 if all pages do not transmit.

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U.S. Department of Commerce
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PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 990156C1
In Re Application of: Stein Lundby et al.
Serial Number: 10/002,446
Filed: October 22, 2001
Examiner: Steven Nguyen
Group Art Unit: 2665

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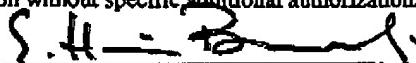
Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid		
Total*	12	63	0	x \$50 =	\$0.00		
Independent**	4	4	0	x \$200 =	\$0.00		
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$360	\$0.00		
EXTENSION FEES			<input checked="" type="checkbox"/> One Month	\$120	\$120.00		
			<input type="checkbox"/> Two Months	\$450	\$0.00		
			<input type="checkbox"/> Three Months	\$1020	\$0.00		
TERMINAL DISCLAIMER				\$130	\$0.00		
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.				TOTAL FEE	\$120.00		

4. Fee check in the amount of \$ _____ is enclosed to pay for any claim and/or extension fees.
 5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$120.00.
 The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
 6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: May 10, 2006

Signature: 

S. Hossain Beladi, Reg. No. 42,311
(858) 651-4470

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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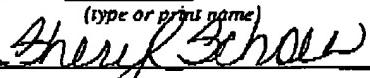
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Depositor's Name: Sheryl Schoen

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(TRANSAMD.VER1.13-04/30/04)